

May-05-05 04:22pm From: Akerman Senterfitt

5616596313

T-432 P.003/003 F-521

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE  
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Michael K. Dixon, Reg. #46,665 (Depositor's name)  
*[Signature]* (Signature)  
MAY 5, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10700,192	11/03/2003	Edgar A. Otto	7313-1-1	3954

TITLE OF INVENTION: URINE COLLECTION DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	05/25/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHILLIPS, CHARLES E	3751	004-144100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Akerman Senterfitt

2 J. Rodman Steele, Jr.

3 Michael K. Dixon

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Preferred Medical Devices, Inc.

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Boca Raton, Florida

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0951 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

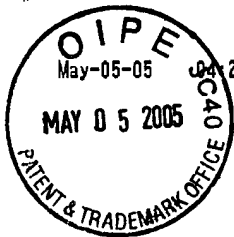
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*[Signature]*Date MAY 5, 2005Typed or printed name Michael K. DixonRegistration No. 46,665

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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May 22pm

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From: Michael K.Dixon/vb

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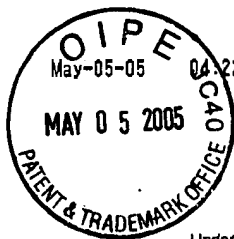
Re: Issue Fee Payment  
U.S. Patent Application No. 10/700,192 for  
"Urine Collection Device"  
Art Unit: 3751  
Examiner: Phillips, Charles E.  
Our Ref.: 7313-1-1

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May-05-05

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From-Akerman Senterfitt

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T-432 P.002/003 F-521

PTO/SB/21 (02-04)

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10700,192	
	Filing Date	November 3, 2003	
	First Named Inventor	Otto et al.	
	Art Unit	3751	
	Examiner Name	Phillips, Charles E.	
Total Number of Pages in This Submission	2	Attorney Docket Number	7313-1-1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
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<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual name	Akerman Senterfitt/Michael K. Dixon, Reg. No. 46,685 P.O. Box 3188 West Palm Beach FL 33402-3188	
Signature		
Date	May 5, 2005	

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Michael K. Dixon, Reg. No. 46,685		
Signature		Date	May 5, 2005

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